



MARINE ARTISAN SUPPLEMENTAL APPLICATION

**PLEASE INCLUDE COMPLETED AND SIGNED ACORD COMMERCIAL APPLICATION,
GENERAL LIABILITY APPLICATION, AND PROPERTY APPLICATION FORMS**

1. NAMED INSURED: _____

2. PHYSICAL LOCATION of property: _____

with reference to nearest body of water or launch site: _____

3. OPERATIONS at insured premises (Coverage limited to operations described in applications)

<u>OPERATION</u>	<u>GROSS RECEIPTS PRIOR YR</u>	<u>EST.CURRENT YR</u>
-------------------------	---------------------------------------	------------------------------

HULL REPAIRS	\$	\$
---------------------	----	----

*(Please advise any
major refit or redesign)*

ENGINE:

Gas engine work (%)	\$	\$
---------------------	----	----

Diesel engine work (%)	\$	\$
------------------------	----	----

Certified by diesel manufacturer? _____

By Whom? _____

(copy of certification is required)

INTERIOR CAPRENTRY:	\$	\$
----------------------------	----	----

ELECTRONICS: (equip. sales plus labor)	\$	\$
---	----	----

DETAILING:

No refinishing ops	\$	\$
--------------------	----	----

With refinishing ops	\$	\$
----------------------	----	----

CANVAS:

UPHOLSTERY:	\$	\$
--------------------	----	----

PAINTING:	\$	\$
------------------	----	----

OTHER MARINE:	\$	\$
----------------------	----	----

(Provide a narrative)

OTHER NON MARINE WORK:	\$	\$
-------------------------------	----	----

(Provide a narrative)

4. Do you subcontract any of the above listed operations to others? _____

What percentage? _____

RETAIL SALES:

Retail parts and supplies not connected to Repair or installation	\$	\$
--	----	----

4. VESSEL INFORMATION:

What percentage: _____ Aux. Sail _____ Power boat do you handle in the above identified OPERATIONS.

What is the average size_____ : average value_____ total number_____ of the vessels at your facility

Please describe any operation listed above which involve commercial vessels. Please describe the average size, type, and commercial use of these vessels. What percentage of your work is on commercial vessels ?

5. LOCATION INFORMATION

What is the ISO protection class_____ Distance in miles from nearest fire station_____

We require all customer's vessels be stored in a fenced locked lighted area during non business hours. Please confirm:
Premises Fenced_____ Floodlighted_____ Locked nonbusiness hrs_____

Watchman, employee, or owner on premises at night_____ yes_____ no

How old are the: _____ pilings _____ dock surface walkways _____ dock wiring
Is there a Travel Lift: _____ If, YES, please advise: _____ age _____ lift capacity_____

Describe any buildings used to store or repair vessels: _____ construction_____

age_____ heat source_____ fire protection

6. EMPLOYEE INFORMATION – We list all employees who will operate vehicles and/or vessel and require an approved MVR on each

<u>Employee Name/Duties</u>	<u>Drivers Licence Number/State</u>	<u># of years Employed</u>
-----------------------------	-------------------------------------	----------------------------

1. (Owner)

2.

3.

Please use reverse if more space needed. **(Please indicate designated Travel Lift Operator)
As part of our underwriting program we will check the driving records of employees and owners.

7. LOSS EXPERIENCE

Please list the dollar amount of **ALL LOSSES** (property, workers compensation, general liability and marina operators liability) paid or reserved by any insurance Company during the preceding five years. Please provide the details of each loss.

Signature

Applicant _____ Title _____ Date _____

Signature

Agent or Broker _____ Date _____

Agency Name _____ Location _____